

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-879)						SERIAL NO.	FILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
CHG.	OCP.	CHG.	OCP.	CHG.	OCP.	CHG.	OCP.
1						61	
2						62	
3						63	
4						64	
5						65	
6						66	
7						67	
8	1					68	
9						69	
10						70	
11						71	
12						72	
13						73	
14						74	
15						75	
16						76	
17						77	
18	1					78	
19						79	
20						80	
21						81	
22	1					82	
23						83	
24						84	
25						85	
26						86	
27						87	
28						88	
29						89	
30						90	
31						91	
32						92	
33						93	
34						94	
35						95	
36						96	
37						97	
38						98	
39						99	
40						100	
41						TOTAL CHG.	
42						TOTAL OCP.	
43						TOTAL OCP.	
44						TOTAL OCP.	
45						TOTAL OCP.	
46						TOTAL OCP.	
47						TOTAL OCP.	
48						TOTAL OCP.	
49						TOTAL OCP.	
50						TOTAL OCP.	
51						TOTAL OCP.	
52						TOTAL OCP.	
53						TOTAL OCP.	
54						TOTAL OCP.	
55						TOTAL OCP.	
56						TOTAL OCP.	
57						TOTAL OCP.	
58						TOTAL OCP.	
59						TOTAL OCP.	
60						TOTAL OCP.	
MATERIAL CHG.	14						
TOTAL OCP.	24						
TPTR.	28						